

Foster Parent Notice of Claim Instructions

This form is to be completed by foster parents only. If you are a third party who suffered bodily injuries due to the actions of a foster child, please complete a standard tort notice of claim (long form).

The claim must be submitted within 90 days from the date of the incident. You must submit the completed claim form to your caseworker and/or DYFS supervisor so they can sign off on the claim. Please submit the following documents with your claim form:

1. Estimates for repairs/replacement.
2. Copies of original receipts for damaged items, i.e. clothing, furniture, appliances, etc.
3. Declaration page of homeowners/ renter's policy if your claim is for \$350.00 or more.
(should you have no insurance- please sign the attached affidavit in front of a notary public)
4. Witness statements
5. Letters and copies of checks issued by your insurance company, including letters denying coverage.

Please note that our office does not entertain claims for \$75.00 and under. The completed claim form and supporting documentation can be mailed to the address listed below. Please keep a copy of the completed claim form and all documentation for your records and future reference.

**Division of Risk Management
P.O. Box 620
Trenton, New Jersey 08625
Attn: Tort Section
(609) 292-4347**

**STATE OF NEW JERSEY FOSTER PARENT LIABILITY PROGRAM
NOTICE OF CLAIM**

A. IDENTIFYING INFORMATION

INSURED (FOSTER PARENT)

CLAIMANT (IF OTHER THAN FOSTER PARENT)

1. _____
Foster Parent's Name

2. _____
Name of Person Who Suffered Loss

Address

Address

City, State

Zip

City, State

Zip

(_____) _____
Daytime Phone

(_____) _____
Daytime Phone

Foster Child's Name

KC

Age

B. DESCRIPTION OF OCCURRENCE

1. _____
Date & Time of Occurrence

Location (Address, City, State)

2. Description of Incident (how/why occurred) _____

3. Damages Replacement /Repair Cost Proof Attached (yes/no)

Total Amount Claimed _____

4. Insurance Company _____

Policy # _____

5. Police Dept. where reported _____

Charges Filed (yes/no) _____

C. SOURCES OF CONFIRMATION

NEW JERSEY PUBLIC LAW CHAPTER 320, 1983 REQUIRES THE FOLLOWING STATEMENT ON ALL CLAIM FORMS: "Any person who knowingly and with intent to defraud an insurance company or any other persons, files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties."

Signature of Foster Parent

Date

DYFS Caseworker or Supervisor

Date

Phone #

Date Incident Reported



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

State of New Jersey
DEPARTMENT OF THE TREASURY
DIVISION OF RISK MANAGEMENT
PO Box 620
TRENTON, NJ 08625-0620

ANDREW P. SIDAMON - ERISTOFF
State Treasurer

AFFIDAVIT

I _____ residing at _____
(NAME) (ADDRESS)

certify that I had no homeowner's insurance coverage in effect on _____ at my residence.
(DATE)

I certify the above statement is true to the best of my knowledge and realize any false statements may result in
punishment under the law.

(DATE)

(SIGNATURE-SIGNED IN FRONT OF NOTARY PUBLIC)

(NOTARY PUBLIC)

(DATE)